DEPARTMENT OF PUBLIC HEALTH AND WELFAST 8  DO NOT WRITE AMENDED Registration District NO. Registrat's No. Regi						
VS 300	1-1-1-1-1			1. PLACE OF DEATH a. COUNTY  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence a. STATE MISSOURI b. COUNTY admiss		
Rev. 4/59	AMENDED			b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI  Length of stay in 1b C. CITY OR TOWN TOWN TOWN TOWN TOWN TOWN TOWN TOWN		
C2710-6	اسام	DATE A		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VAH, 915 N. GRAND AVE.  INSTITUTION VAH, 915 N. GRAND AVE.		
3	~			3. NAME OF DECEASED First Middle Last 4. DATE Month Day 1 OF DEATH 14/24/62	rear	
<sup>4</sup> 0 <sup>5</sup> 0				5. SEX 6. COLOR OR RACE 7. Married   Never Married   8. DATE OF BIRTH   9. AGE (last birthday)   IF UNDER   YEAR   IF UNDER   MAIE   Widowed   Divorced   5/15/21 40   Months   Days   Hours	ER 24 HR Min.	
6	SWS			10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  PHOTOGRAPHER  10b. KIND OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (City and state or country)  12. CITIZEN OF WHAT CO  TUCUMCARI, NEW MEXICO,  U.S.A.	UNTRY	
м / і	Follow			136. MOTHER'S NAME  MONROE STARK  136. MOTHER'S MAIDEN NAME  14. NAME OF HUSBAND OR WIFE  CORA THURSTON  15. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO. 17. INFORMANT  Address		
9	RE AS			15. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no, or unknown) (If yes, give war or dates of servic WES (MOTHER) SEE # 2  1 18. CAUSE OF DEATH (Enter only one cause per line) INTERVAL BI	ETW/EEN	
' 10 1	CORD AR		CUMENT	PART I. DEATH WAS CAUSED BY:  ARTER IOSCLEROTIC HEART DISEASE  ARTER IOSCLEROTIC HEART DISEASE	DEATH	
1287-0	# E		000	Conditions, if any, DUE TO (b) which gave rise to		
13	SIH N	S		above cause (a), stating the underlying cause last.  DUE TO (c) 420.0		
83	O STA			disease condition given in PART I (a) . there a pregnancy in last	nele was 1 90 days. Unknown	
	AMENDWEN				8.)	
( INK RIBBON	AME			20c. TIME OF Houl Month, Day, Year INJURY a.m. p.m.	,	
				20d. INJURY OCCURRED WHILE AT WORK   20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	STATE	
BLAC OR VRITER	D READ			21. ## the deceased from 4/20/62 to 4/24/62 and last saw him alive on 4/24/62  Death occurred at 4:30 A.M. m on the date stated above, and to the best of my knowledge, from the causes state	ند id.	
USE BLAC OR IYPEWRITER	SHOULD		VIT OF	22a. SIGNATURE (Degree or title) Jollhoff D. VAH, ST. LOUIS, MO. 4/24/	E SIGNED	
	ġ		AFFIDAV	23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State removal train 4-26-62 Versailles. Mo.		
	ITEM		BY AF	24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 24. FREGISTRA'S GNATURE APR 25 1982 APR 25 1982	<u> </u>	

## STATEMENT BY LICENSED EMBALMER

l h	ereby certify that the body whose name	is recorded on the reverse side of this certificate was embalmed by me,
or by		, Student Embalmer No
Ť	nder my personal supervision.	2/20 (Vill
Student		Signed Court Court
	Signature of Student Embalmer	4347
		Licensed Embalmer No.
		P. O. Address 6322 So Shawk

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.